Ç	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	For use by Members, officers, and employees	2011 MAY 16 AM 9: 05
	Allen Bernard West	202-225-3026 HA I	DOBLEST THE SLETCH WES
	(Full Name)	(Daytime Telephone)	(Office Use Only)
	Filer ✓ Member of the U.S. State: FL ☐ (Status House of Representatives District: 22	Officer Or Employing Office: Employee	A \$200 penalty shall be assessed against
	Report ☐ Annual (May 15) ☐ Amendment ☐ Termination	Termination Date:	more than 30 days late.
밁	PRELIMINARY INFORMATION ANSWER EACH OF THESE C	THESE QUESTIONS	
-	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes ☑ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise	egiftin erwise Yes 🗌 No 🗸
	If yes, complete and attach Schedule I.	If yes, complete and attach Schedule VI.	
=	Old any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	n \$335 Yes No
Ħ.	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Yes V No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	ng in the Yes No ✔
	If yes, complete and attach Schedule III.	If yes, complete and attach Schedule VIII.	
₹	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes No period? If yes, complete and attach Schedule IV.	Did you have any reportable agreement or arrangement with an outside IX. entity? If you have any reportable agreement or arrangement with an outside IX.	ves No 🖳
<	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Each question in this part must be answered and the appropriate	and the appropriate
٦٦	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	TION ANSWER EACH OF THESE QUES	TIONS
	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ю on Ethics and certain other "excepted trusts" need not be t benefiting you, your spouse, or dependent child?	Yes ☐ No ✓
1	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	ome, transactions, or liabilities of a spouse or dependent child s" unless you have first consulted with the Committee on Ethic	ics. Yes No

SCHEDULE I - EARNED INCOME

Name Allen Bernard West

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Calibre, Inc.	Salary	\$85,048
US Department of Defense	Military Pension	\$50,268
Raymond James Financial	Spouse Salary	N/A

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Sp **-**SP 00 200 vacation homes (unless there was rental income during the reporting Exclude: Your personal residence, including second homes and publically traded, state the name of the business, the nature of its exercised, to select the specific investments), provide the value for each Provide complete names of stocks and mutual funds (do not use ticker and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. a fair market value exceeding \$1,000 at the end of the reporting period, activities, and its geographic location in Block A. For an ownership interest in a privately-held business that is not For rental or other real property held for investment, provide a complete of the institution holding the account and its value at the end of the asset held in the account that exceeds the reporting thresholds. For self-directed (i.e., plans in which you have the power, even if not For all IRAs and other retirement plans (such as 401(k) plans) that are symbols.) reporting period. retirement accounts which are not self-directed, provide only the name Identify (a) each asset held for investment or production of income with Asset and/or Income Source Ford Motor Company Services Life Insurance Services - 401K/MAP Plan Savings and Checking Account First Command Financial -529 College Investment Fund 529 College Investment Fund -First Command Financial First Command Financial (with Aim Summit) BLOCK A \$50,000 \$15,001 \$250,000 \$100,001 \$50,000 \$15,001 \$15,000 \$1,001 -\$50,000 \$15,001 None other than fair market value, please specify valuation method at close of reporting the value should be the method used. If an It is generated income, ncluded only because asset was sold and is year. If you use a Value of Asset Year-End **BLOCK B** Name Allen Bernard West None None None None None during the reporting even if reinvested, must column. Dividends, check the "None" allow you to choose Check all columns that INTEREST generated no income Check "None" if the asset be disclosed as income. interest, and capital gains plans or IRAs), you may that generate tax-deferred specific investments or apply. For retirement ncome (such as 401(k) accounts that do not Type of Income **BLOCK C** NONE NONE NONE \$1 - \$200 NONE NONE earned or generated disclosed as income. Check reinvested, must be capital gains, even if Dividends, interest, and appropriate box below. of income by checking the assets, indicate the category IRAs), you may check the generate tax-deferred income specific investments or that do not allow you to choose "None" if no income was "None" column. For all other (such as 401(k) plans or For retirement accounts that Amount of Income S exceeding reporting year. exchanges (E) (P), sales (S), or Transaction \$1,000 in had purchases Indicate if asset BLOCKE Page 3 of 6

ASSETS AND "LINEARNED" INCOME

SCHEDO	SCHEDOLE III - ASSETS AND "UNEAKNED" INCOME	Name Allen Bernard West	ernard West		Page 4 of 6
	Fort Sill Federal Credit Union - Savings and Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	PSE&G	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	Raymond James IRA	\$15,001 - \$50,000	None	NONE	O.
SP	Sun Trust 401K	None .	None	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Allen Bernard West

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transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
DC	529 College Investiment Fund - DC1	S	No	12-01-10	\$15,001 - \$50,000
SP	Raymond James IRA	ס	N/A	02-14-11	\$15,001 - \$50,000
SP	Sun Trust - 401K	S	No	02-14-11	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Allen Bernard West

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
ŢŢ	Bank of America	April 2004	Mortgage on 1641 NW 107th Lane, Plantation, Florida	\$100,001 - \$250,000
JT	Carmax	March 2007	Car Payment	\$10,001 - \$15,000
J	Wells Fargo	February 2011	Car Payment	\$15,001 - \$50,000